France the number of deaths is stated to be greater after the employment of the Pasteur methods than before, the number of affected dogs being considered. He criticises the report of Salmon, of the United States Government, for adopting as facts faulty statistics, and basing upon them conclusions which will only mislead and cause unnecessary death. The author advocates a dog-muzzling law, the use of silver nitrate as a caustic, and the employment of narcotics and restraint in the attack.—*Medical Record*, 1901, vol. lx., p. 41.

Massage in Sciatica.—Dr. R. Judica advocates the abandonment of all ointments, pills, embrocations, opiates, etc., in the treatment of this condition, and recommends almost unqualifiedly the use of persistent massage. This may follow one of three methods, or all three may be employed. He mentions: 1. Schreider's method, which aims to render the limb temporarily bloodless, at the same time stretching the sciatic nerve by both active and passive means. These procedures are considered not advisable. 2. Simple massage by slow, passive movements, which, as the pain may permit, become more extensive and complete. A rest of a few moments is allowed between each movement. 3. Negro's method, which is strongly recommended. In this the patient is made to lie upon his stomach and face, the gluteal muscles being distinctly relaxed. The thumb is placed on the sciatic notch, and, with the other thumb superimposed, strong pressure is brought to bear from fifteen to twenty seconds on the nerve. Some slightly lateral and rotatory movement of the thumb is permitted during this time, but it should not be raised. This treatment is repeated after five minutes. If this is carried out on alternate days for six or seven times good results are to be expected. The author has had excellent success even in long-standing and chronic cases.—*Gazetti degli Ospedale*, 1901, vol. xxii., p. 860.

Neuritis Treated by Currents of High Frequency.—Drs. A. Denoyès and H. Lagriffoul report on the treatment of an arsenical and a post-influenzal neuritis by D'Arsonval's high-frequency currents. The results were very satisfactory.—*Archives d'Electricité medicales*, 1901, No. 7, p. 281.

Treatment of Chronic Hydrocephalus.—Drs. William Ewart and W. Lee Dickinson advocate the process of "artificial pneumocephalus" for the treatment of this condition as suggestive of what might be done for it. The method is worthy of recording. They tap the ventricles with a fine trocar; the intracranial pressure is relieved by the escape of a certain amount of fluid, and they substitute for it aseptic air in such a manner as to avoid the symptoms so commonly noted after complete removal of fluid. Their provisional conclusions are of interest: 1. With due precautions the fluid of chronic hydrocephalus may be completely evacuated from the yet unclosed skull of infants, and aseptic air may be allowed to take its place. This operation may be repeated without detriment and with scarcely more risk than belongs to the usual method of paracentesis. 2. In unfavorable cases of moderate effusion a single operation may suffice. Continual oozing from the puncture for a few days after the removal of the tube is not unfavorable. 3. In cases of considerable effusion an obvious

indication is to relieve the brain from the weight and from the pressure of the fluid. The evacuation is facilitated by the introduction of aseptic air. By a timely repetition of the operation a hydrocephalic infant might be enabled to carry the weight of the head, and, if the treatment were begun sufficiently early, permanent damage to the brain tissue might be avoided and a normal development might ensue. 4. In large heads while hydropneumocephalus persists a considerable splashing sound is readily obtained. There is obvious risk in eliciting this sound by forcible succussion, and for the same reason any abrupt movement of the head should be avoided.—*British Medical Journal*, 1901, No. 2123, p. 602.

Intramuscular Injections of Calomel in Gonorrhœal Arthritis.—Dr. M. Thomas, adopting the method advocated by Grosse, has treated a number of patients suffering from gonorrhœal arthritis by intramuscular injections of calomel. Doses of half a grain were injected at intervals of from two to four days. The results are reported as specific, but one patient had a return of his arthritis and another developed stomatitis.—*Le Mois Thérapeutique*, 1901, vol. ii., p. 59.

Value of Phosphorus Therapy in Rhachitis.—Dr. A. Monti says that the recent discussions concerning the use of phosphorus in rhachitis contain no new points of view. Both Hahnemann and Trousseau recommended, and later rejected it. He is of the opinion that this drug is of little or no value in such condition, and maintains that the early experimental studies were not free from error, and that the results obtained in the hands of clinicians are unsatisfactory and open to doubt.—*Wiener Klinische Wochenschrift*, 1901, vol. xiv., p. 180.

Sidonal as an Aid to Uric-acid Excretion.—Dr. M. G. Bardet reports on the use of this drug, re-introduced into therapeutics in 1899. It is piperazine quinate, first prepared in 1868 by Lanthemann, and employed as a therapeutic agent by Rabuteau in 1872. It decomposes in the body into quinone and then into benzoic acid, and is supposed to form hippuric acid by combining with uric acid—a chemical impossibility, according to Rabuteau. Clinically, certain facts seem to point to a certain amount of efficiency. Bardet had under observation three patients afflicted with mild gout, to whom daily doses of from forty-five to seventy-five grains were given. After a month of medication the patients had improved, and weekly examinations of the urine seemed to show a diminution in the amount of uric acid eliminated. The results were not startling enough to encourage him to proceed further.—*Le Mois Thérapeutique*, 1901, vol. ii., p. 59.

Means of Arresting Acute Endocarditis.—Dr. Richard Caton advocates three procedures for the treatment of this condition—physiological rest, stimulation of trophic centres, and the administration of sodium iodide. The rest should be absolute, the patient remaining quietly in bed for a period of at least six weeks. The head should be low; sleep is encouraged, pain prevented, and all mental excitement avoided; the diet should be light and stimulating. Salicylates, the author holds, are of more value for